| FAIEN  | IT APPLICATI<br>Effe                             |                  | ober 1, 20                           |                   | ION RECU         | טאט     |                         | 10                     | 79   | 048               | /                      |
|--|--|------------------|--------------------------------------|-------------------|------------------|---------|-------------------------|------------------------|------|-------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                           |  |                  |                                      |                   |                  |         | SMALL ENTITY OTHER THAN |                        |      |                   |                        |
| TOTAL CLAI   | MS   | 2                | 21                                   |                   |                  |         | RATE FE                 |                        | 7    | RATE              | FEE                    |
| FOR  |  | NUMBER FILED NUM |                                      |                   | BER EXTRA        | 84      | BASIC FEE 385.00        |                        |      | BASIC FEE         |                        |
| TOTAL CHAR   | SEABLE CLAIMS                                    | 2 minus 20=      |                                      |                   | ·/· ··           | XS 9=   |                         | 1.                     | OR   | X\$18=            | 18                     |
| NDEPENDEN  | CLAIMS   | 1.               | ( _minus 3 = -                       |                   |                  | X43=    |                         |                        | OR   | V05               | 18-                    |
| MULTIPLE DEI   | PENDENT CLAIM I                                  | PRESENT          | RESENT                               |                   |                  |         | 145                     | -                      | 7    |                   | -                      |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |  |                  |                                      |                   | column 2         | ا       | 145=                    |                        | OR   | <u> </u>          | 200                    |
| CLAIMS AS AMENDED - PART II  |  |                  |                                      |                   |                  |         | OTAL                    | · L                    | OR   | TOTAL             | THAN                   |
| (Column 1) (Column 2) (Column 3  |  |                  |                                      |                   |                  | <u></u> | MAL                     | ENTITY                 | OR   | SMALL             |                        |
| Total Independer   | REMAINING<br>AFTER<br>AMENDMENT                  |                  | HIGHI<br>NUME<br>PREVIO<br>PAID F    | ER                | PRESENT<br>EXTRA | F       | ATE                     | ADDI-<br>TIONAL<br>FEE |      | RATE              | ADDI-<br>TIONAL<br>FEE |
| Total  | 1. 19  | Minus            | -2/                                  |                   | - /              | ×       | \$ 9=                   |                        | OR   | X\$18=            |                        |
| Independer   | SENTATION OF M                                   | Minus            | 505040544                            | <u> </u>          | - /              | ×       | (43≃                    |                        | OR   | X86≖              |                        |
| <del></del>  |  | OLTIPLE D        | EPENDENI                             | CLAIM             | <del>/</del> -   |         | 145=                    |                        | OR   | +290=             |                        |
| 4/11/  | /<br>() ()                                       |                  |                                      |                   |                  | <u></u> | TOTAL                   |                        | 00   | TOTAL             |                        |
| 77307  | (Column 1)                                       |                  | (Colum                               | ກ 2)              | (Column 3)       | AUU     | IT. FEE                 |                        | 10   | ADDIT. FEE        |                        |
| Total Independen   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT        |                  | HIGHE<br>NUMB<br>PREVIO<br>PAID F    | ER<br>USLY        | PRESENT<br>EXTRA | R       | ATE                     | ADDI-<br>TIONAL<br>FEE |      | RATE              | ADDI-<br>TIONAL<br>FEE |
| Total  | . 19   | Minus            | -2                                   | _                 | · /              | X       | \$ 9=                   |                        | OR   | X\$18≖            |                        |
| Independen   | SENTATION OF MI                                  | Minus            | J                                    | 2                 |                  | ×       | 43= ·                   | 1                      | OR   | X86=              | /                      |
| 11   |  | DETIPLE DE       | PENDENT                              | LAIM              |                  | +1      | 45=                     | /                      | OR   | +290=             | 7                      |
|  |  |                  |                                      |                   |                  |         | TOTAL                   |                        | OR   | TOTAL             |                        |
| •  | (Column 1)                                       |                  | (Colum                               | n 2)              | (Column 3)       | ADDI    | T. FEE                  | •                      |      | NDDIT. FEEL<br>'. | •                      |
| Total Independent  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT        | ·                | HIGHE<br>NUMBE<br>PREVIOU<br>PAID FO | ST<br>R ·<br>ISLY | PRESENT<br>EXTRA | R/      | NTE                     | ADDI-<br>TIONAL<br>FEE |      | RATE              | ADDI-<br>TIONAL        |
| Total  | •  | Minus            | **                                   |                   | •                | XS      | 9=                      |                        | OR   | X\$18=            | FEE                    |
| Independent  | •  | Minus            |                                      |                   | •                | -       | 3=                      |                        |      | X88=              |                        |
| I FIRST PRES   | ENTATION OF ML                                   | ILTIPLE DE       | PENDENT C                            | MIAL              |                  | F       | -                       |                        | OR   | <b>∧00</b> 22     |                        |
|  | •  |                  |                                      |                   |                  | 414     | 15=                     | '                      | OR.  | +290=             | •                      |
| If the entry in col  | turnn 1 is less than th<br>turnber Previously Pa | e entry in col   | umn 2. wrte Y                        | T in each         | ma 3             |         | OTAL                    |                        | ou T |                   |                        |

Application or Docket Number